

Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT)

Prescreen for Single Adults

A. GENERAL INFORMATION/CONSENT

| | | | |
|---|---|--|---|
| 1. Interviewer's First Name | 2. Interviewer's Last Name | 3. Interviewer's Email | |
| 4. Interviewer's Phone Number | | 5. Referring Agency (If Applicable) | |
| 6. When was this survey conducted? ____ / ____ / ____ Time: ____ | | | |
| 7. Location of Survey: <input type="checkbox"/> SPA 1: Antelope Valley <input type="checkbox"/> SPA 2: San Fernando Valley (Sun Valley, NoHo, Sylmar) <input type="checkbox"/> SPA 3: Pasadena <input type="checkbox"/> SPA 4: Hollywood (+ East Hollywood) <input type="checkbox"/> SPA 4: Skid Row <input type="checkbox"/> SPA 5: West LA (Santa Monica, Venice) <input type="checkbox"/> SPA 6: South LA (Watts, Westside of South LA) <input type="checkbox"/> SPA 7: Southeast / East LA (Gateway Cities) <input type="checkbox"/> SPA 8: South Bay (Long Beach, Harbor City, San Pedro) | | 8. What city/community within that region? (ex: Sun Valley, North Hollywood, Venice) | |
| | | 9. Location of Survey (by type): <input type="checkbox"/> Street <input type="checkbox"/> Shelter <input type="checkbox"/> Hospital/Community Clinic <input type="checkbox"/> Jail/Prison <input type="checkbox"/> Other: _____ | |
| 10. Please specify location (intersection, name of shelter, etc): | | | |
| 1. Unique Client Identifier | 2. Database Identifier <input type="checkbox"/> A: HMIS <input type="checkbox"/> B: HOMES <input type="checkbox"/> C: DMH <input type="checkbox"/> D: Other Provider Database | How old are you? | 3. Birth Month/Year: Please select the 1 st of the month as a proxy DOB ____ / ____ / ____ |
| If 60 years or older, then score 1. | | | Prescreen Score |
| PRE-SCREEN GENERAL INFORMATION SUBTOTAL | | | |

B. HISTORY OF HOUSING & HOMELESSNESS

| QUESTIONS | | | |
|---|----------|--------------------------|-----------------|
| If the person has experienced 24 or more cumulative months of homelessness, and/or 4+ episodes of homelessness, then score 1. | RESPONSE | REFUSED | Prescreen Score |
| 1. Are you presently homeless? (As defined by HUD) | | <input type="checkbox"/> | |
| 2. How many months have you lived on the streets or in shelters? | | <input type="checkbox"/> | |
| 3. In the past three years, how many times have you been housed and then homeless again? | | <input type="checkbox"/> | |
| PRE-SCREEN HOUSING AND HOMELESSNESS SUBTOTAL | | | |

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| | |
|--|--|
| <p>4. Where did you live prior to become homeless?</p> <p>SELECT ONLY ONE. Last prior residence, even if it wasn't the residence for the majority of his/her life.</p> | <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> LA: Antelope Valley <input type="checkbox"/> LA: Glendale <input type="checkbox"/> LA: Other San Fernando Valley <input type="checkbox"/> LA: Pasadena <input type="checkbox"/> LA: Pomona <input type="checkbox"/> LA: Other San Gabriel Valley <input type="checkbox"/> LA: Skid Row <input type="checkbox"/> LA: Hollywood <input type="checkbox"/> LA: Other Metro LA <input type="checkbox"/> LA: West LA <input type="checkbox"/> LA: South LA </div> <div style="width: 50%;"> <input type="checkbox"/> LA: East/Southeast LA <input type="checkbox"/> Long Beach <input type="checkbox"/> LA: Other South Bay/Harbor <input type="checkbox"/> Southern CA (Orange, Riverside, San Bernardino, San Diego, Ventura) <input type="checkbox"/> Other part of CA <input type="checkbox"/> Out of state <input type="checkbox"/> Out of country </div> </div> |
|--|--|

C. RISKS

SCRIPT: I am going to ask you some questions about your interactions with health and emergency services. If you need any help figuring out when six months ago was, just let me know.

| QUESTIONS | | | | |
|---|--------------------------|--------------------------|--------------------------|-----------------|
| If the total number of interactions across questions 1, 2, 3, 4 and 5 is equal to or greater than 4, then score 1. | RESPONSE | | REFUSED | Prescreen Score |
| 1. In the past six months, how many times have you been to the emergency department/room? | | | <input type="checkbox"/> | |
| 2. In the past six months, how many times have you had an interaction with the police? | | | <input type="checkbox"/> | |
| 3. In the past six months, how many times have you been taken to the hospital in an ambulance? <i>*Please note that this includes psychiatric facilities as well.</i> | | | <input type="checkbox"/> | |
| 4. In the past six months, how many times have you been hospitalized as an in-patient, including hospitalizations in a mental health hospital? | | | <input type="checkbox"/> | |
| 5. In the past six months, how many times have you used a crisis service, including distress centers or suicide prevention hotlines? | | | <input type="checkbox"/> | |
| If YES to questions 6 or 7, then score 1. | YES | NO | REFUSED | Prescreen Score |
| 6. Have you been attacked or beaten up since becoming homeless? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7. Threatened to or tried to harm yourself or anyone else in the last year? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| If YES to question 8, then score 1. | YES | NO | REFUSED | Prescreen Score |
| 8. Do you have any legal stuff going on right now that may result in you being locked up or having to pay fines? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| If YES to questions 9 or 10; OR if respondent provides any answer <i>OTHER THAN "Shelter"</i> in question 11, then score 1. | YES | NO | REFUSED | Prescreen Score |
| 9. Does anybody force or trick you to do things that you do not want to do? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 10. Ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't really know, share a needle, or anything like that? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

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| | | |
|---|--|--|
| 11. I am going to read types of places people sleep. Please tell me which one that you sleep at most often. (Check only one.) | <input type="checkbox"/> Shelter <input type="checkbox"/> Street, Sidewalk or Doorway <input type="checkbox"/> Car, Van or RV <input type="checkbox"/> Bus or Subway <input type="checkbox"/> Beach, Riverbed or Park <input type="checkbox"/> Other (SPECIFY): | |
| PRE-SCREEN RISKS SUBTOTAL | | |

D. SOCIALIZATION & DAILY FUNCTIONS

| QUESTIONS | | | | |
|--|--------------------------|--------------------------|--------------------------|------------------------|
| If YES to question 1 or NO to questions 2 or 3, score 1. | YES | NO | REFUSED | Prescreen Score |
| 1. Is there anybody that thinks you owe them money? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. Do you have any money coming in on a regular basis, like a job or government benefit or even working under the table, binning or bottle collecting, sex work, odd jobs, day labor, or anything like that? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. Do you have enough money to meet all of your expenses on a monthly basis? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| If NO to question 4, score 1. | YES | NO | REFUSED | Prescreen Score |
| 4. Do you have planned activities each day other than just surviving that bring you happiness and fulfillment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| If YES to questions 5 or 6, score 1. | YES | NO | REFUSED | Prescreen Score |
| 5. Do you have any friends, family or other people in your life out of convenience or necessity, but you do not like their company? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6. Do any friends, family or other people in your life ever take your money, borrow cigarettes, use your drugs, drink your alcohol, or get you to do things you really don't want to do? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| OBSERVE ONLY. DO NOT ASK! If YES, score 1. | YES | NO | | Prescreen Score |
| 7. Surveyor, do you detect signs of poor hygiene or daily living skills? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| PRE-SCREEN SOCIALIZATION & DAILY FUNCTIONS SUBTOTAL | | | | |

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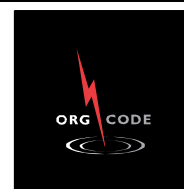
E. WELLNESS

| QUESTIONS | | | | |
|---|--------------------------|--|--------------------------|---------------------------------|
| If Does Not Go For Care, score 1. | | RESPONSE | | Prescreen Score |
| 1. Where do you usually go for healthcare or when you're not feeling well? | | <input type="checkbox"/> Hospital <input type="checkbox"/> Clinic <input type="checkbox"/> VA <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Do not go for care | | |
| 2. What is the name of that place? (May skip). | | | | |
| 3. What kind of health insurance do you have, if any? Select all that apply. | | <input type="checkbox"/> None <input type="checkbox"/> Medi-Cal (Medicaid) <input type="checkbox"/> Healthy Way LA <input type="checkbox"/> VA <input type="checkbox"/> Private Insurance <input type="checkbox"/> Other (specify): _____ | | |
| For EACH YES response in questions 4 through 7 (Medical Conditions), score 1. | | | | |
| Do you have now, have you ever had, or has a healthcare provider ever told you that you have any of the following medical conditions: | YES | NO | REFUSED | Medical Conditions |
| 4. Kidney disease/End Stage Renal Disease or Dialysis | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5. History of frostbite, Hypothermia, or Immersion Foot | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6. Liver disease, Cirrhosis, or End-Stage Liver Disease | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7. HIV+/AIDS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| If YES to any of the conditions in questions 8 to 16, then mark "X" in Other Medical Condition column. | YES | NO | REFUSED | Other Medical Conditions |
| 8. History of Heat Stroke/Heat Exhaustion | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 9. Heart disease, Arrhythmia, or Irregular Heartbeat | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 10. Emphysema | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 11. Diabetes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 12. Asthma | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 13. Cancer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 14. Hepatitis C | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 15. Tuberculosis | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| OBSERVATION ONLY – DO NOT ASK: 16. Surveyor, do you observe signs or symptoms of a serious health condition? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 17. Do you have a permanent physical disability that limits your mobility? NOTE: This will restrict housing offers to ADA-accessible units/vouchers. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

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| If any response is YES in questions 18 through 24, score 1 in the Substance Use column. | YES | NO | REFUSED | Substance Use |
|--|--------------------------|--------------------------|--------------------------|-----------------|
| 18. Have you ever had problematic drug or alcohol use, abused drugs or alcohol, or told you do? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 19. Have you consumed alcohol and/or drugs almost every day or every day for the past month? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 20. Have you ever used injection drugs or shots in the last six months? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 21. Have you ever been treated for drug or alcohol problems and returned to drinking or using drugs? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 22. Have you used non-beverage alcohol like cough syrup, mouthwash, rubbing alcohol, cooking wine, or anything like that in the past six months? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 23. Have you blacked out because of your alcohol or drug use in the past month? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| OBSERVATION ONLY – DO NOT ASK: 24. Surveyor, do you observe signs or symptoms or problematic alcohol or drug abuse? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| If any response is YES in questions 25 through 31, score 1 in the Mental Health Column. | YES | NO | REFUSED | Mental Health |
| 25. Ever been taken to a hospital against your will for a mental health reason? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 26. Gone to the emergency room because you weren't feeling 100% well emotionally or because of your nerves? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 27. Spoken with a psychiatrist, psychologist or other mental health professional in the last six months because of your mental health – whether that was voluntary or because someone insisted that you do so? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 28. Had a serious brain injury or head trauma? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 29. Ever been told you have a learning disability or developmental disability? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 30. Do you have any problems concentrating and/or remembering things? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| OBSERVATION ONLY – DO NOT ASK: 31. Surveyor, do you detect signs or symptoms of severe, persistent mental illness or severely compromised cognitive functioning? | <input type="checkbox"/> | <input type="checkbox"/> | | |
| If the Substance Use score is 1 AND the Mental Health score is 1 AND the Medical Condition score is at least a 1 OR an X, then score 1 additional point for tri-morbidity. | | | | Tri-Morbidity |
| 32. Are you currently or have you ever been treated for mental health issues? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Prescreen Score |
| If YES to question 33, score 1. | YES | NO | REFUSED | |
| 33. Have you had any medicines prescribed to you by a doctor that you do not take, sell, had stolen, misplaced, or where the prescriptions were never filled? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| If YES to question 34, score 1. | YES | NO | REFUSED | Prescreen Score |
| 34. Yes or No – Have you experienced any emotional, physical, psychological, sexual or other type of abuse or trauma in your life which you have not sought help for, and/or which has caused your homelessness? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
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SCORING SUMMARY

| DOMAIN | SUBTOTAL | <p>If the Pre-Screen Total is equal to or greater than 10, the individual is recommended for a Permanent Supportive Housing/Housing First Assessment.</p> <p>If the Pre-Screen Total is 5, 6, 7, 8 or 9, the individual is recommended for a Rapid Re-Housing Assessment.</p> <p>If the Pre-Screen Total is 0, 1, 2, 3 or 4, the individual is not recommended for a Housing and Support Assessment at this time.</p> |
|--|----------|--|
| A. GENERAL INFORMATION | | |
| B. HISTORY OF HOUSING AND HOMELESSNESS | | |
| C. RISKS | | |
| D. SOCIALIZATION AND DAILY FUNCTIONS | | |
| E. WELLNESS | | |
| PRE-SCREEN TOTAL | | |

Finally I'd like to ask you some questions to help us better understand homelessness and improve housing and support services.

F. DEMOGRAPHIC INFORMATION

| | | |
|--|--|--|
| 1. What is your ethnicity? | <input type="checkbox"/> African-American/Black <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Latino/a <input type="checkbox"/> Native American <input type="checkbox"/> Other : _____ | <input type="checkbox"/> White <input type="checkbox"/> Decline to State <input type="checkbox"/> Unknown <input type="checkbox"/> Mixed Race |
| 2. What is the highest grade in school you've completed? | <input type="checkbox"/> K-8 <input type="checkbox"/> Some High School <input type="checkbox"/> High School Graduate <input type="checkbox"/> GED <input type="checkbox"/> Some College | <input type="checkbox"/> College Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Decline to State <input type="checkbox"/> Other : _____ |
| 3. What is your gender? | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender (FTM) <input type="checkbox"/> Transgender (MTF) | <input type="checkbox"/> Other <input type="checkbox"/> Decline to State |
| 4. Do you have any children under 18 who are living with you now? (Including step-children and children for whom you are responsible) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused | |
| 5. Have you ever been in foster care? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused | |
| 6. Have you been in jail or prison in the last 6 months? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused | |
| 7. Have you ever served in the US Military? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused | |

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|--|---|
| 8. If yes, which war/war era did you serve in? | <input type="checkbox"/> Korean War (June 1950-January 1955) <input type="checkbox"/> Vietnam Era (August 1964-April 1975) <input type="checkbox"/> Post Vietnam (May 1975-July 1991) <input type="checkbox"/> Persian Gulf Era (August 1991-Present) <input type="checkbox"/> Afghanistan (2001-Present) <input type="checkbox"/> Iraq (2003-Present) <input type="checkbox"/> Other (Specify): _____ <input type="checkbox"/> Refused |
| 9. Was your active duty status before 1980? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Other: _____ |
| 10. How many consecutive months were on you on active duty status? | |
| 11. What was the character of your discharge? | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Honorable <input type="checkbox"/> Other than Honorable <input type="checkbox"/> General <input type="checkbox"/> Medical <input type="checkbox"/> Other: _____ </div> <div> <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable <input type="checkbox"/> Still on Active Duty <input type="checkbox"/> Refused </div> </div> |

G. CONTACT INFORMATION

| | |
|--|---|
| 1. Is there a phone number and/or email where someone can get in touch with you or leave you a message? <i>(please list given contact)</i> | |
| 2. Do you work with a case manager or outreach worker that you trust and can serve as your housing navigator - be able to find you easily, help collect housing documents and accompany you to housing application appointments? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused |
| 3. If yes, what is his/her name? What agency do they work for? What is their phone? What is their email? | Name: _____ Agency: _____ Phone: _____ Email: _____ |
| 4. On a regular day, where is it easiest to find you? Please give specific location + city name | |
| 5. What times of day could we find you there? | |
| 6. To finish, may I take your picture so that we can better find you if housing turns up? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. DO NOT ASK: Any final notes that you'd like to convey? | |
| | |

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